

| COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <p>Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mail piece or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><i>EEOC Commission</i> <i>1801 E Street</i> <i>Washington, D.C.</i> <i>20507</i></p> <p>2. Article Number (Transfer from service label):</p> <p><i>7006-0100-000181730803</i></p> | <p>A. Signature</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p><i>[Signature]</i> C. Date of Delivery</p> <p><i>2-5-07</i></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

SOUTHERN DISTRICT OF NEW YORK

05 FEB 2007 PM 2:11

First Class Mail
Postage & Fees Paid
USPS
Permit No. G-40

• Sender: Please print your name, address, and ZIP+4 in this box •

Complaint about Mr. Condit
SSA Pergete

Mr. Paul E. Metter
17265 Canal Harbor
Southfield, MI 48076

Mailed 1-29-2007
Post Mailed

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